



TRRAC



Think Reduce and Recycle at Apartments and Condominiums in Montgomery County, Maryland

Multi-Family Waste Reduction and Recycling Plan

ABOUT THE PROPERTY

Name of Development/Complex:

Address:

City/State/Zip:

Phone Number:

Number of Buildings:

Number of Units:

Description
of Building:

☐ Rental

☐ Condominium

☐ Public Housing

☐ Other (specify)

CONTACT PERSONS

Name of Property Manager/Representative:

Address:

City/State/Zip:

Phone Number:

Hours Available:

I certify that recycling has been/is being implemented on-site at the above referenced property and that it is/will be convenient and accessible to all residents and on-site employees.

Signature:

Title:

Date:

Name of person in charge of
recycling for above named property:

Address:

City/State/Zip:

Phone Number:

Hours Available:

Signature: _____

CURRENT WASTE COLLECTION SYSTEM

Name of Recycling Hauler/Collector:

Name of Trash Hauler/Collector:

Phone Number:

Phone Number:

Number of collections/week:

Number of collections/week:

Do you have? ☐ Trash rooms on each floor
☐ Trash rooms in each building
☐ Other (specify)

☐ Central indoor or outdoor dumpsters
☐ Trash chutes on each floor

Note: Each Multi-family property must designate an individual to be responsible for the recycling program.

ABOUT YOUR RECYCLING PROGRAM

Recycling start date of property: _____

Materials targeted for recycling:

Collection
Method:

☐ Wheeled Carts (Toters) (90-300 Gallons) How Many? _____

☐ Recycling Dumpster How many? _____

☐ Other (specify) _____

Is/Are Recycling collection area(s) located near trash collection containers?

☐ Yes ☐ No

Recyclable
Collection
Frequency:

Times per week or Times per month or On demand

Other (specify) _____

Recyclables
collected by:

☐ Staff ☐ Waste Collector ☐ Other (specify)

Will recyclables be delivered to the County Recycling Center? ☐ Yes ☐ No

If no, where will they be taken? _____

PUBLIC EDUCATION

Educating the residents of your multi-family property is the keystone of a successful recycling program. Please describe the publicity plan of your property's recycling program. Use additional sheets of paper, if necessary, and attach copies of sample letters, flyers, brochures, signs, etc. used to promote your program:

Please contact the Multi-Family Recycling Staff if you have any questions, (240) 777-6400.

Mail this form to:

Division of Solid Waste Services
101 Monroe Street, 6th Floor
Rockville, Maryland 20850

Thank you for your participation!

(Department use only)

PLAN APPROVAL

Staff Signature: _____ ☐ Approved ☐ Denied Date: _____

Resubmit by: _____